

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAR 15 1988
OIL CON. DIV.
DIST. 3

I. Operator BACA PETROLEUM CORP.	
Address 1099 - 18th Street, Ste. 2950, Denver, CO 80202	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate CHANGE OF OPERATOR

If change of ownership give name and address of previous owner: CAPITAL OIL & GAS CORPORATION, P. O. Box 2130, Kilgore, TX 75662

II. DESCRIPTION OF WELL AND LEASE

Lease Name S.F.P.R.R.	Well No. 59	Pool Name, including Formation Miguel Creek-Gallup	Kind of Lease State, Federal or Fee	Fee	Lease No. 09725
Location Unit Letter <u>N</u> : <u>1650</u> Feet From The <u>WEST</u> Line and <u>990</u> Feet From The <u>SOUTH</u> Line of Section <u>21</u> Township <u>16 North Range 6 West</u> . NMPM, <u>McKinley</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>N/A - WATER INJECTION WELL</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>N/A</u>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Ralph R. Wilkerson
(Signature)
RALPH R. WILKERSON VICE PRES.-PRODUCTION
(Title)
MARCH 7, 1988
(Date)

OIL CONSERVATION DIVISION
MAR 15 1988
APPROVED _____
BY [Signature]
TITLE SUPERVISION DISTRICT # 3
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.